

Equine Pre-Consultation Behavior History
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Instructions: Fill out this form with as much detail as possible prior to your behavior consultation.
Please return completed form to ocddoc@msn.com

Date: _____

Caregiver Name: _____

Title and pronouns: _____

Address (Street, City, State, Zip code): _____

Cell Phone: _____

Alternate Phone: _____

Email: _____

Caregiver Name: _____

Title and pronouns: _____

Address (Street, City, State, Zip code): _____

Cell Phone: _____

Alternate Phone: _____

Email: _____

Horse's Name: _____

Date of birth OR Age: _____

Breed: _____

Mare Stallion Gelding

Approximate Weight: _____ lb or kg

Referring Veterinarian: _____

Name of Veterinary Hospital: _____

If not referred by veterinarian, name of referring agent: _____

A. Main behavior problem

1. Chief complaint?

2. When did problem begin?

3. When does horse misbehave? How often and under what circumstances?
4. Has there been a change in the frequency of appearance of the problem?
5. What has been done so far to correct the problem?

B. Horse's environment:

1. Type of housing (stall, pasture, run-out shed)?
2. Diet?
3. Exercise (hrs per wk ridden, hrs per wk in paddock, type of bit used, martingale)?
4. Other horses in environment and relations between horses (friendly, aggressive, neutral)?
5. Other animals in environment?

C. Early history:

1. Why was horse obtained? Is it still used for this purpose?
2. Source of animal?
3. Age at weaning?
4. Age when obtained by present owner?
5. Were there previous owners?
6. Do related horses have similar problems?

D. Education:

1. Age at halter breaking?
2. Method of training to saddle or harness, age when training began?

3. Other types of training methods?

Driving
Jumping
Dressage
Games
Trail riding
Cutting

E. Other behavior problems:

1. Shying, how often and at what? Any other phobias?
2. Head shy?
3. Resentful of grooming?
4. Aggression towards humans or animals (dogs, cows, etc.)?
5. Aggression toward other horses (threatens, strikes, bites, kicks, chases)?
6. Misbehavior under saddle (circle appropriate behavior):

Moves while rider mounts
Backs in harness
Bucks
Rears
Wants to lead or will only follow other horses
Runs away
Slow to leave and quick to return to barn
Hard to keep on right or left
Other:

7. Barn vices (circle appropriate one):

Cribs
Chews wood
Paws
Kicks stall
Weaves back and forth

8. Sexual behavior: excessive, inadequate, abnormal?
9. Maternal behavior: excessive, inadequate, abnormal?

F. Physical history

1. Current medical problems?
2. Past medical problems?
3. Medication history?
4. Results of diagnostic tests?

Repetitive behaviors

Does your horse engage in repetitive or abnormal behaviors?

When did the problem begin?

What percentage of the time does the horse engage in this behavior?

Was any particular event associated with the onset of the behavior?

When is the behavior most intense? (Season, time of day, presence or absence of certain individuals, particular locations)

What is the horse's attitude while performing the behavior?

Can you interrupt the behavior? If so, how?

What have you tried doing to correct the problem? Has any treatment been effective?

Has there been a change in the frequency or appearance of the behavior?

Describe in detail a recent episode: